

PTO/SB/92 (09-03)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/723,326
	Filing Date	November 28, 2000
	First Named Inventor	WEBSTER
	Art Unit	1636
	Examiner Name	MCKELVEY, TERRY ALAN
	Attorney Docket Number	8002-1

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

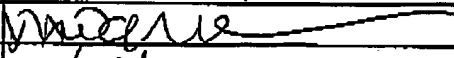
<input checked="" type="checkbox"/> Firm or Individual Name	STANLEY A. KIM, PH.D., ESQ.			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Keith A. Webster Ph.D.		
Signature			
Date	04/26/04	Telephone	305 243 6779

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/723,326
Filing Date	November 28, 2000
First Named Inventor	WEBSTER
Title	MOLECULAR SWITCH FOR REGULATIN
Art Unit	1636
Examiner Name	MCKELVEY, TERRY ALAN
Attorney Docket Number	8002-1

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
STANLEY A. KIM, Ph.D., ESQ.	42,730
AMY A. OSTROM, Ph.D.	52,088
JORDAN NEWMARK, ESQ.	50,094
ROBERT M. SCHWARTZ, ESQ.	29,854

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	STANLEY A. KIM, Ph.D., ESQ.				
Address	RUDEN, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.				
Address	222 LAKEVIEW VENUE, SUITE #800				
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Country	U.S.A.				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE OF Applicant or Assignee of Record**

Name	KEITH A. WEBSTER Ph.D.		
Signature	<i>[Handwritten Signature]</i>		
Date	04/26/04	Telephone	305 243 6779

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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